

KanCare Consumer and Specialized Issues Workgroup

Meeting Minutes

September 30, 2014 10:00am To Noon

DCF Learning Center, Room E, 2600 SW East Circle Drive, Topeka, KS 66606

Those in attendance:

Jane Adams, Kerrie Bacon, Christopher Beurman, Cole Browne, Elizabeth, Barb Conant, Marilyn Cooper, Daniel Dubois, Joe Ewert, Steven Gabaro, Sean Gatewood, Steve Gieber, Michele Heydon, Marilyn Kuhler, Cayla Lewis, Victor Lopez, Edward Nicholas, Russell Nittler, Heather Robinson, Becky Ross, Stephanie Sanford, Hal Schultz, Mitzie Tyree, Tim Woods, Susie Zupancic

Those attending by telephone:

James Bart, Keith Derks, Liz Long, Lori McReynolds, Nicolette Morino, Clint Sparie, Aldona Carney, Kristi Berning, Njeri Shomari

Review of Minutes from Last Meeting:

Russell Nittler, KDHE

Russell said to make the change of (name) areas to 'participant' on the June 30, 2014 minutes.

Comments from the Chair:

Russell Nittler, KDHE

Russell stated the date for KEES to go live has changed from October 1, 2014 to December 1, 2014.

KanCare Ombudsperson Report

Kerrie Bacon, KDADS

(Attachment 1, 2, & 3)

Kerrie stated that there are three parts to her report. She covered the 3 attachments. Kerrie also noted that they are very excited for the medical, prescription, vision, and dental assistance for those without insurance paper that has been put together and is available online at: <http://www.kancare.ks.gov/ombudsman.htm>, click the link named 'Medical, prescription, vision and dental assistance for those without insurance' (http://www.kancare.ks.gov/download/Medical_Assistance.pdf). She said there is no plan to make a brochure. Kerrie provided extensive information on the appeals process when someone should call her for this type of information. She announced they have a new Volunteer Coordinator, Pam Browne. The next step will be to create the volunteer program. The volunteers will be working across the state taking on referrals and doing cases. Estimated a minimum of six months before a soft implementation would happen. Suggestions were offered as to demographics and prior qualifications for Kerrie to consider when choosing volunteers. Kerrie speaks with the Kansas Legislature on a quarterly basis.

KanCare Executive Summary

Russell Nittler, KDHE

(Attachment 4, 5, 6)

Liz Long provided insight to the Executive Summary charts. Discussion focused around how individuals are counted on the charts. She provided information on where to find the break down by waiver information online. The 'Other' category involves a lot of small waivers that are grouped together. Becky stated the chart is for everyone on KanCare not just those who are on a waiver. A discussion concerning differences between Foster and CHIP children gave information concerning the higher rate for Foster as they have additional needs such as adoption subsidies, behavioral and developmental disabilities, & JJA compared to CHIP children. 3,000+ providers have signed with MCOs over the last year noting that many of the IDD came on in February. There is a Geo Access report available online that will show the breakdown of providers per county. Russell will bring some Geo Access reports as well as send the link

KanCare Consumer and Specialized Issues Workgroup

to the CSI Group.

Liz was not sure what was considered the 'industry standard' so they used the pre KanCare rate to determine the percentages. Addressing the additional column question, we do track claim timeliness:

- 30 days for clean claims
- 60 days for non-clean claims
- 90 days for all claims

The other question concerning a task force: The MCOs each have a provider advisory committee providers can contact the MCO of choice and request to be a member of that committee.

Russell turned to James Bart and the POI group concerning the high denial rate from MCOs. James noted that the topic has not come up for discussion in their meetings. Liz noted that there are things being done and tracking of high denial rates. Providers with issues should check with the individual MCO provider advisory committee or through the POI group by contacting James Bart.

MCOs audits pharmacy claims, as this is a provider issue, refer to POI group. Russell suggested having Kelley Melton present at a future CSI meeting to answer questions concerning pharmacy issues.

Aldona had concerns for members being denied for durable medical equipment where the member was approved for some repairs but not allowed tires.

Russell provided the Value added services that had been dropped for 2014 and those added for 2015.

The discussion concerning In Lieu of Services and how to get the message out to members on requesting assistance no matter what that need is. It's about preventative medicine and providing services. It never hurts to ask. There is a group per MCO that looks at these special types of needs to see if they can/will cover especially if that need would help reduce future medical costs.

Waiver Updates:

Kimberly Pierson, KDADS

We had a State wide public information session with 1,000 individuals in attendance. More comments towards to the CMS rules that have to be enforced. The major concern was the Department of Labor Rule. We have asked the DOL for an exception or a delay in implementation of the DOL rule for Kansas.

The other piece is the DSM-5 and how that will impact autism and the autism spectrum population. We may have to amend our waiver to make sure we serve these children.

We are using an extension till the IDD and TBI waiver have been renewed. PD & FE waiver renewals are being submitted in September. We are talking with CMS concerning that all states must come into compliance with the conflict free case management and hopefully receiving further guidance. Hal reminded all that we have to be patient.

KAMU Dental Resources:

Cayla Lewis and Heather Robinson, KAMU

We have 42 clinics statewide. The directory that was handed out gives the information on all the clinics. Hopefully we will have the cheat sheet published in January 2015 that will give the individual sites that have dental care.

There are some clinics that are required to provide discount services. They can't refuse to see someone if the person cannot pay. They are having a decline in Dentists. KAMU is trying to submit for a mid-level dentist. This mid-level dentist must be over-seen by a dentist. KAMU provided handouts and directories to the attendees.

KAMU is working really hard on integration so that members could get both a mental and dental visit in one place.

Aldona reported Sunflower contracted with Grace Med to provide sedation for dental services. KAMU is working to have sedation for dental services across the state. Heather is the new Director of Dental Health.

<http://kamuonline.org> has the current directory of Safety Net Clinics.

Future Meeting: December 5 proposed, December 18th will be the actual date in Lawrence, KS.

KanCare Consumer and Specialized Issues Workgroup

Attachment 1 (page 1 of 3)

KanCare Ombudsman Quarterly Report

Kerrie J. Bacon, KanCare Ombudsman
2nd Quarter, 2014

Accessibility

The KanCare Ombudsman was available to members and potential members of KanCare (Medicaid) through the phone, email, letters and in person during the second quarter of 2014. There were 474 contacts through these various means, 210 of which were related to an MCO issue.

2nd Qtr Contacts		MCO related	
April	148	Amerigroup	73
May	169	Sunflower	91
June	157	United Health	46
Total	474	Total	210

The KanCare Ombudsman website (<http://www.kancare.ks.gov/ombudsman.htm>) has information regarding the Ombudsman contact information, resources for and information for applying for KanCare, contact information for the three managed care organizations, grievance process, appeal process and state fair hearing process, the three managed care company handbook links, and quarterly and annual reports by the Ombudsman.

Outreach

- Provided a vendor booth for the ARC Transition Expo at Free State High School in Lawrence, KS, April 9, 2014.
- Provided testimony to the Bob Bethell KanCare Oversight Committee regarding Ombudsman first quarter activities, April 29, 2014
- Attended the Employment First Summit and provided a vendor booth; April 30-May 1, 2014. Approximately 300 people in attendance from the Disability Community.
- Attended the Health Home Listening Session; Pittsburg, KS, June 5; 2014. Provided information about the Ombudsman's office.
- Attended Training on the Prevention of Elder Abuse, Neglect and Exploitation, Augusta, KS. June 4, 2014. Provided information about the Ombudsman's office.

KanCare Consumer and Specialized Issues Workgroup

Attachment 1 (page 2 of 3)

- Gave presentation on KanCare Ombudsman to Money Follows the Person Steering Committee, Topeka, KS. June 10, 2014.
- Gave Quarterly Report to KanCare Advisory Committee, Topeka, KS. June 11, 2014.
- The Ombudsman's office sponsors the KanCare (I/DD) Friends and Family Advisory Council which met two times during second quarter.
- Host the HCBS Lunch-and-Learn bi-weekly conference calls for all HCBS members, parents, guardians and other consumers. Calls address topics of interest and discussion from the HCBS team from Kansas Department on Aging and Disability Services (KDADS) and include a guided question and answer time with a panel from the three Managed Care organizations.

Data

Current Data Info

Contact Method		Caller Type	
phone	384	Provider	115
email	83	Consumer	347
letter	5	MCO employee	5
in person	2	Other	7
Total	474	Total	474

There are 20 issue categories. The top six concerns for 2nd quarter are: Medicaid eligibility issues, durable medical equipment, billing issues, medical services, HCBS General Issues and Appeals/Grievances.

Issue Category Qtr 2	Total
Medicaid Eligibility Issues	73
Durable Medical Equipment	35
Billing	33
Medical Services	31
HCBS General Issues	25
Appeals / Grievances	22
Access to Providers (usually Medical)	16
Dental	15
Pharmacy	15

KanCare Consumer and Specialized Issues Workgroup

Attachment 1 (page 3 of 3)

Issue Category Qtr 2	Total
HCBS Eligibility issues	14
Nursing Facility Issues	12
Change MCO	11
HCBS Reduction in hours of service	11
Care Coordinator Issues	9
HCBS Waiting List	8
Housing Issues	8
Transportation	8
Questions for Conference Calls/Sessions	5
Guardianship	3
Other	75
Thank you.	1
Unspecified	44
Total	474

In comparing issue categories 1st quarter to 2nd quarter, four of the top five remain the same: durable medical equipment, billing, HCBS general issues, and Appeal/grievances.

Data Enhancements

The new tracker was put in place June 30th. Starting third quarter, the additional reporting data will include the following:

- Waiver Related Type (if applicable) (i.e. PD, I/DD, FE, etc.)
- Consumer type (if applicable) (HCBS, LTC, other)
- Resource Category (i.e. Question/issue resolved, KDHE resources)

These enhancements will facilitate a more meaningful analysis of the issues going forward.

KanCare Consumer and Specialized Issues Workgroup

http://www.kancare.ks.gov/download/Medical_Assistance.pdf Attachment 2 (Page 1 of 4)



Assistance for people who are Uninsured

- Medical – page 1-2
- Pharmacy – page 3
- Vision – page 3
- Dental – page 4

Kansas Medical Assistance:

- **Kansas Association Medically Underserved (KAMU) clinics and safety net clinics**

The clinics review each patient based on eligibility and a sliding scale. Many of the clinics take Medicaid, but not all; it is best to ask when you first contact them. If they say they take Medicaid, you should ask if they take your company's insurance (Amerigroup, Sunflower, United).

County	Clinic Name (Medical Services)	Phone
Allen	Community Health Center of SE Kansas/ Iola	(620) 365-6400
Atchison	Atchison Comm Health Center	(913) 367-4879
Barton	Heart of Kansas Family Health Care	(620) 792-5700
Bourbon	Mercy Health System	(620) 223-2200
Cherokee	Comm Health Center of SE Kansas/Baxter Spr	(620) 856-2900
Cherokee	Comm Health Center of SE Kansas/Columbus	(620) 429-2101
Cheyenne	Cheyenne County Hospital Clinics	(785) 332-2682
Cheyenne	Cheyenne County Hospital Clinics/ Bird City	(785) 734-2306
Cowley	Cowley County Health Department	(620) 231-9873
Crawford	Comm Health Center of South East Kansas	(620) 380-6600
Crawford	Mercy Health System	(620) 347-4033
Douglas	Health Care Access	(785) 841-5760
Douglas	Heartland Comm Health Center	(785) 841-7297
Ellis	First Care Clinic	(785) 621-4990
Ellis	Tyree Health and Dental	(316) 681-2545
Finney	United Methodist Mexican-American Ministries	(620) 275-1766
Ford	United Methodist Mexican-American Ministries	(620) 225-6821
Franklin	Franklin County Health Department	(785) 229-3530
Geary	Kansas Statewide Farmworkers Health Program	(785) 296-2671
Geary	Konza Prairie Comm Health Center	(785) 238-4711
Grant	United Methodist Mexican-American Ministries	(620) 356-4079
Greeley	Greeley County Family Practice	(620) 376-4251
Greenwood	Flint Hills Community Health Center/ Eureka	(620) 583-7436
Hamilton	Hamilton County Family Practice	(620) 384-7461
Harvey	Health Ministries Clinic	(316) 283-6103
Jefferson	Jefferson Co. Health Department	(785) 863-2447
Johnson	Health Partnership Clinic of Johnson Co. Olathe	(913) 393-9921
Johnson	Health Partnership Clinic of Johnson Co. O.P.	(913) 648-2266

Ombudsman's Office, 503 S. Kansas Ave., Topeka, KS 66603
Ombudsman Website: www.KanCare.ks.gov/ombudsman

Page 1

KanCare Consumer and Specialized Issues Workgroup

http://www.kancare.ks.gov/download/Medical_Assistance.pdf Attachment 2 (Page 2 of 4)



County	Clinic Name (Medical Services)	Phone
Johnson	Mercy and Truth Medical Missions	(913) 248-9965
Johnson	Public Health Department, Mission	(913) 826-1200
Johnson	Public Health Department, Olathe	(913) 894-2525
Labette	Labette Health	(620) 820-5800
Labette	Parsons Community Health Clinic	(620) 820-5575
Leavenworth	St. Vincent Clinic	(913) 651-0020
Linn	Mercy Health System	(913) 352-8379
Lyon	Flint Hills Comm Health Center	(620) 342-4864
Miami	Health Partnership Clinic / Paola	(913) 294-9223
Montgomery	Mercy Health System	(620) 336-2131
Montgomery	Comm Health Center of SE Kansas/ Coffeerville	(620) 251-4300
Pottawatomie	Community Health Ministries	(785) 456-7872
Pratt	Agape Health Clinic	(620) 388-4191
Reno	Hutchinson Area Student Health Services	(620) 662-7416
Reno	Reno Co Health Department	(620) 694-2900
Reno	Prairie Star Comm Health Center	(620) 663-8484
Riley	Flint Hills Community Clinic	(785) 323-4351
Riley	Riley County-Manhattan Health Dept	(785) 776-4779
Saline	Salina Family Health Care	(785) 825-7251
Sedgwick	Center For Health and Wellness	(316) 691-0249
Sedgwick	EC Tyree Health and Dental	(316) 681-2545
Sedgwick	GraceMed Health Clinic	(316) 866-2000
Sedgwick	GraceMed Health Clinic/ Satelite Clinics	(316) 866-2000
Sedgwick	Guadalupe Clinic	(316) 264-8974
Sedgwick	Hunter Health Clinic	(316) 262-3611
Sedgwick	May Flower Clinic	(316) 558-3991
Seward	United Methodist Mexican-American Ministries	(620) 624-0463
Shawnee	Marian Clinics	(785) 233-8081
Shawnee	Shawnee County Health Agency	(785) 368-2000
Sheridan	Hoxie Medical Clinic	(785) 675-3018
Wabaunsee	Community Health Ministries/ Alma	(785) 765-2250
Wallace	Wallace County Family Practice	(785) 852-4230
Wyandotte	Children's Mercy West	(913) 233-4400
Wyandotte	Duchesne Clinic	(913) 321-2626
Wyandotte	Mercy and Truth Medical Missions	(913) 621-0074
Wyandotte	Silver City Health Center	(913) 945-7300
Wyandotte	Southwest Blvd Family Health Care	(913) 722-3100
Wyandotte	Swope Health Services	(816) 923-5800
Wyandotte	Turner House Children's Clinic	(913) 342-2552
Statewide	Kansas Statewide Farmworkers Health Program	(785) 296-2671

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Page 2

KanCare Consumer and Specialized Issues Workgroup

http://www.kancare.ks.gov/download/Medical_Assistance.pdf Attachment 2 (Page 3 of 4)



Pharmacy Assistance:

- **Prescription Assistance Program:** www.KansasDrugCard.com As a resident of Kansas, you and your family have access to a statewide Prescription Discount Card. Create and print your FREE discount prescription drug card below. This card will provide you with Rx medication savings of up to 75% at pharmacies across the state including Dillons, CVS/pharmacy, Hy-Vee, Walgreens, Kmart, Target, Walgreens, Walmart, and many more. You can create as many cards as you need. This card is pre-activated and can be used immediately.
- **Needy Meds:** Find help with the cost of medicine: www.needymeds.org
- **RX Assist:** Patient Assistance Program Center: www.rxassist.org
- **Patient Assistance Programs:** For some medications, drug manufacturers have Patient Assistance Programs available. These programs help cover the partial or full cost of medications for uninsured patients. To access Patient Assistance Programs, patients will need to work with their prescriber.
- **Manufacturer Coupons:** Patients should check with their prescriber to see if there are coupons from the company that makes their medications. Patients can then take these coupons to their pharmacy to receive discounts on their medications.

Vision Assistance:

- **Vision USA program – sponsored by Kansas Optometric Association and the local Salvation Army.** Providing Free Eye Exams to Low-Income Americans across the U.S. In Kansas, contact your local Salvation Army and ask about the Vision USA program.
<http://www.aoafoundation.org/about/>

Dodge City (620) 225-4871
El Dorado (316) 321-4070
Emporia (620) 342-3093
Garden City (620) 276-4027
Hutchinson (620) 663-3353
Kansas City, KS (913) 232-5400
Lawrence (785) 843-4188
Leavenworth (913) 682-6523
Manhattan (785) 341-0751

Olathe (913) 782-3640
Pittsburg (620) 231-0415
Salina (785) 823-2251
Topeka (785) 233-9648
Wichita

- 1739 S. Elpyco; (316) 685-8699
- 350 N. Market St.; (316) 263-2769
- 1910 S. Everett St.; (316) 943-9893

See To Learn Program – sponsored by the Kansas Optometric Association; call 1-800-960-3937. A free vision assessment for your three-year-old by a participating Eye Care Council optometrist. This is designed to detect vision conditions that require correction at an early age.

For eyeglass assistance, contact the local Lions Club to see if they might be able to assist with this type of request. To find your local Lions Club go to: <https://directory.lionsclubs.org/?language=EN> and type in your city or a nearby city. Once you find a club, look for a website, phone numbers are not usually listed. On the website, look for a “contact us” section where you can send an email of inquiry. If your town says no they don’t have the resources, go to a nearby town (county seat) and ask them.

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Page 3

KanCare Consumer and Specialized Issues Workgroup

http://www.kancare.ks.gov/download/Medical_Assistance.pdf Attachment 2 (Page 4 of 4)



Kansas Dental Assistance

- **Kansas Mission of Mercy Dental Services** – mostly extractions, cleanings, and fillings. February 13 & 14, **2015** in Salina at the Bicentennial Center. Sponsored by the Kansas Dental Association Charitable Foundation (<http://www.ksdentalfoundation.org/category/2014-mission-of-mercy/>)
- **Donated Dental Services:** 1-888-870-2066 or in Topeka 273-6001
- **Marian Clinic** in Topeka doesn't care where you live, they will provide services – 3164 SE 6th Ave, Topeka, 785-233-2800
- **Kansas Association Medically Underserved (KAMU) clinics and safety net clinics**
The clinics review each patient based on eligibility and a sliding scale. Many of the clinics take Medicaid, but not all; it is best to ask when you first contact them. If they say they take Medicaid, you should ask if they take your company's insurance (Amerigroup, Sunflower, United).

County	Clinic Name (Dental Services)	Phone
Allen	Community Health Center of SE Kansas	316-660-1100
Atchison	Atchison Community Health Clinic	913-367-4879
Cherokee	Comcare of Sedgwick County	316-660-1100
Crawford	Comcare of Sedgwick County	316-660-1100
Douglas	Douglas County Dental Clinic	785-312-7770
Ellis	Tyree Health & Dental Clinic	316-681-2545
Finney	United Methodist Mexican-American Ministries	620-275-1766
Ford	United Methodist Mexican-American Ministries	620-275-1766
Geary	Kansas Statewide Farmworker Health program	785-296-2671
Harvey	Health Care Access	316-283-6103
Johnson	Health Ministries Clinic	316-283-6103
Lyon	Flint Hills Community Clinic	785-323-4359
Montgomery	Comm Care of Sedgwick County	316-660-1100
Pottawatomie	Community Health Center of SE Kansas	620-231-6788
Rawlins	Rawlins County Dental Clinic	785-626-8332
Reno	Prairie Star Health Center	620-633-8484
Riley	Kansas Statewide Farmworker Health program	785-296-2671
Saline	Salina Family Health Center	785-825-7251
Sedgwick	Hunter Health Clinic	316-262-3611
Sedgwick	EC Tyree Health and Dental	316-681-2545
Sedgwick	Center for Health and Wellness	316-691-0249
Sedgwick	GraceMed Health Clinic	316-866-2000
Shawnee	Shawnee Co Health Agency	785-251-2000
Shawnee	Kansas Statewide Farmworker Health program	785-291-1200
Shawnee	Marian Clinic	785-233-9780
Wyandotte	Swope Health Wyandotte	816-922-7600

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Page 4

KanCare Consumer and Specialized Issues Workgroup

Attachment 3 (Page 1 of 10) Appeals Process

Information

Appeals with the Managed Care Organizations (overview) - page 1

Managed Care Organization (MCO) Appeal Process – page 2

- How it works – page 2

Filing an Appeal – page 3

- Amerigroup Appeal process – pages 3-4
- Sunflower Appeal process – pages 5-6
- United Appeal process – pages 6-7

State Fair Hearing process – page 8-9

Continuation of Services – page 9

Legal Services – page 10

Appeals with the Managed Care Organizations

If you receive a letter or are told that your services are cut or reduced, there are two appeal processes available to you:

1. One is to appeal with the Managed Care Organization (Amerigroup, Sunflower or United) where a different doctor than what has been connected to your case, reviews the case information and any new documentation you send and determines if s/he agrees with you or the original decision.
2. The second is a state fair hearing which is through the State of Kansas and is more formal, usually done on the phone through a conference call. There is no expense to this.
 - You can file the appeal with the Managed Care Organization (p1-2), then the State Fair Hearing (p2-4); or you can file both at the same time. See details for the processes below.
 - Check the date at the top of the page on the letter you received from the Managed Care Organization (Amerigroup, Sunflower, or United). You have 30 days (plus three if it was mailed) to turn in an appeal. You can call or write a letter just stating that you want to appeal the decision.
 - **DO NOT WAIT.** Turn it in right away. You can always dismiss the action if you decide not to go forward with the appeal. They do not make exceptions for missed deadlines.

KanCare Consumer and Specialized Issues Workgroup

Attachment 3 (Page 2 of 10) Appeals Process

Managed Care Organization (MCO) Appeal Process

- Members who have experienced an adverse action with an MCO (Amerigroup, Sunflower, or United) may appeal the decision through the MCO defined process within 30, plus 3 calendar days if mailed, of the adverse action. The MCO must inform the member of the action in a notice. This notice is called a "Notice of Action." If an appeal is started with the MCO, the MCO must send a letter to the member within five business days acknowledging receipt of the appeal request. The MCO must resolve the appeal within 30 business days.
- **Note:** Members may request a State Fair Hearing (SFH) with the Office of Administrative Hearings (OAH) at the same time that they appeal an action taken by their MCO, or wait until after the MCO makes a final decision and then request a SFH if dissatisfied with the MCO's final decision.
- **Expedited Appeal** – Members may file an expedited appeal when the member's health requires a decision made as expeditiously as possible. MCOs must resolve an expedited appeal within three days. If more time is needed to gather additional information the MCO may request the additional time from KDHE/HCF. When an expedited appeal is requested, the member may not file a SFH concurrently.

How it works:

- Check the date at the top of the page on the letter you received from the Managed Care Organization (Amerigroup, Sunflower, or United). You have 30 days (plus three if it was mailed) from the date at the top of the Notice of Action letter to turn in an appeal. You can call or write a letter just stating that you want to appeal the decision. ***DO NOT WAIT. Turn it in right away. You can always dismiss the action if you decide not to go forward with the appeal. They do not make exceptions for missed deadlines.***
- It would be best to lay out a summary of why you need the services they are not providing.
- It would also be very helpful to include documentation from the medical provider (doctor, neurologist, physical therapist, occupational therapist, etc.) who best knows you or the person you are helping and can explain briefly that they need the services and why. It would probably be helpful if the medical provider knows the specific things that are being denied listed in the letter and why. (If it is the plan of care hours being reduced, ask for the detail and note what services specifically so the provider can help explain why those services are needed based on your issues.)
- The deadline for this information is the same as the appeal deadline [30 days (plus three if it was mailed) from the date at the top of the Notice of Action letter].

KanCare Consumer and Specialized Issues Workgroup

Attachment 3 (Page 3 of 10) Appeals Process

Filing an Appeal

Members should refer to their MCO's member handbook for information regarding how to request an appeal with their MCO. MCO member handbooks can be found on the MCO's website. MCO websites can be reached via the KanCare website at <http://www.kancare.ks.gov/>

▪ **Amerigroup appeal process**

(https://www.myamerigroup.com/Documents/KSKS_Member_Handbook_ENG.pdf)

There may be times when we say we will not pay for all or part of the care your provider recommended. If we do this, you (or your provider on your behalf and with your written consent) can appeal the decision.

An appeal is when you ask Amerigroup to look again at the care your provider asked for and we said we will not pay for. You must file for an appeal within 30 calendar days of when you get our first letter that says we will not pay for a service (an additional three days is allowed if the notice is mailed to you).

An appeal can be filed by:

- You
- A person helping you
- Your PCP or the provider taking care of you at the time

If you want your provider to file an appeal for you, he or she must have your written permission, unless you are asking for an expedited appeal.

You can appeal our decision in two ways:

- You can call Member Services at 1-800-600-4441 (TTY 1-800-855-2880) or call us direct at 913-749-5955 (TTY 1-800-855-2880) to file your appeal. Let us know if you want someone else to help you with the appeal process, such as a family member, friend or your provider.
- You can send us a letter to the address below – include information such as the care you are looking for and the people involved.

Central Appeals Processing
Amerigroup Kansas, Inc.
P.O. Box 62429
Virginia Beach, VA 23466-2429

When we get your letter or appeal form, we will send you a letter within five business days. The letter will let you know we got your appeal.

After we receive your appeal:

- A different provider than the one who made the first decision will look at your appeal
- We will send you and your provider a letter with the answer to your appeal:
 1. Within three calendar days **if your appeal is expedited**
 2. Within 30 calendar days from when we get your appeal **if your appeal is not expedited**
- If more time is needed, we may extend the time period by 14 days

Our letter will:

- Let you and your provider know what we decide

KanCare Ombudsman's Office www.KanCare.ks.gov/ombudsman

Page 3

KanCare Consumer and Specialized Issues Workgroup

Attachment 3 (Page 4 of 10) Appeals Process

- Tell you and your provider how to find out more about the decision and your rights to a fair hearing

Expedited appeals

If we or your provider feels that taking the time for the standard appeals process, which is usually 30 calendar days, could seriously harm your life or your health, we will review your appeal quickly.

We will call you and let you know the answer to your expedited appeal. We will also send you a letter.

We will do this within three calendar days.

If we or your provider does not feel your appeal needs to be reviewed quickly, we will:

- Call you right away and
- Send you a letter within two calendar days to let you know that your appeal will be reviewed within 30 calendar days

If the decision on your expedited appeal upholds our first decision and we will not pay for the care your doctor asked for, we will call you and send you a letter. This letter will:

- Let you know how the decision was made
- Tell you about your rights to request an administrative hearing

If you receive an Explanation of Benefits (EOB), you do not need to call or do anything at that time, unless you or your provider wants to appeal the decision.

A payment appeal is when you or your provider asks Amerigroup to look again at the service we said we would not pay for. You (or your provider on your behalf) must ask for a payment appeal within 30 days of receiving the EOB.

- If you are not responsible for payment of a service you received:
 1. You do not need to submit a payment appeal, but
 2. Your provider can submit a payment appeal for review
- If you are responsible for payment of a service you received (for example, if your doctor [with your written consent], asks for a service that is not medically needed, or your doctor tells you that a service is not covered, and you agree to pay for it before you get care) and you want to file a payment appeal, you can either:
 - Call Member Services or
 - Mail your request and medical information for the service to:

Central Appeals Processing
Amerigroup Kansas, Inc.
P.O. Box 61599
Virginia Beach, VA 23466-2429

If you appeal by phone, you must also write us within 10 days, letting us know you want to appeal. If we do not receive your written request, your appeal will not be reviewed. If you want your provider to file an appeal for you, he or she must have your written permission.

State fair hearing

You have the right to ask for a state fair hearing at any time, unless you want to file an expedited appeal. If you want to file an expedited appeal, you must go through the Amerigroup appeal process before you can ask for an expedited state fair hearing. In the case of a standard appeal, you must ask for a state fair hearing within 30 calendar days from the date you get the letter from Amerigroup that tells you the result of your appeal (an additional three days is allowed if the notice is mailed to you).

KanCare Consumer and Specialized Issues Workgroup

Attachment 3 (Page 5 of 10) Appeals Process

- **Sunflower appeal process** (<http://www.sunflowerstatehealth.com/for-members/member-resources/filing-a-complaint/>) Scroll down half a page to where the appeal part starts.

Medical Necessity Appeals

An appeal is the request for review of a "Notice of Adverse Action." A "Notice of Adverse Action" is the denial or limited authorization of a requested service, including the type or level of service; the reduction, suspension, or termination of a previously authorized service; the denial, in whole or part of payment for a service excluding technical reasons; the failure to render a decision within the required timeframes; or the denial of a member's request to exercise his/her right under 42 CFR 438.52(b)(2)(ii) to obtain services outside the Sunflower State network.

Standard Appeals

A member, the member's authorized representative or a provider acting on behalf of the member and with the member's written consent may file an appeal either orally or in writing. If someone else is going to file a grievance for you, we must have your written permission for that person to file your grievance or appeal. This form is to assign your right to file a grievance or appeal to someone else. A doctor acting for you can file a grievance or appeal for you. Oral appeals must be confirmed in writing unless the request is for an expedited appeal. For standard authorization decisions, the appeal **must be filed within 30 calendar days** of the date on the Notice of Adverse Action. If the member is requesting continuation of services while the appeal is being reviewed, the appeal must be submitted within 10 calendar days of the Notice of Adverse Action.

A member may review the appeal case file and submit additional information to be considered as part of the appeal. Appeals will be reviewed by a healthcare professional with appropriate expertise in the subject of the appeal who was not involved in the original adverse determination.

The member or the member's authorized representative may request an OAH State fair hearing at any time during the standard appeal process.

Expedited appeals may be filed when either Sunflower State or the member's provider determines that the time expended in a standard resolution could seriously jeopardize the member's life or health or ability to attain, maintain, or regain maximum function. No punitive action will be taken against a provider that requests an expedited resolution or supports a member's appeal. In instances where the member's request for an expedited appeal is denied, the appeal must be transferred to the timeframe for standard resolution of appeals. Decisions for expedited appeals are issued as expeditiously as the member's health condition requires, not exceeding 72 hours from the initial receipt of the appeal. Sunflower State shall make reasonable efforts to provide the member with prompt verbal notice of any decisions that are not resolved wholly in favor of the member and shall follow-up in writing.

KanCare Consumer and Specialized Issues Workgroup

Attachment 3 (Page 6 of 10) Appeals Process

If the member does not agree with the resolution of an expedited appeal, the member or the member's authorized representative may request an OAH State fair hearing after exhausting the Plan expedited Appeal process..

There will be no retaliation against any member or representative for filing an appeal with Sunflower State.

Sunflower State Health Plan
Appeals Department
Four Pine Ridge Drive, Suite 200
8325 Lenexa Drive
Lenexa, KS 66214
Phone: 1-877-644-4623
Fax: 1-888-453-4755

- Authorized Representative Form
(<http://www.sunflowerstatehealth.com/files/2012/06/grievance-representative-form.pdf>)

▪ **United Healthcare appeal process**

(<http://www.uhccommunityplan.com/content/dam/communityplan/plandocuments/handbook/en/KS-MemberHandbook.pdf>) (Go to page 36)

What Is an Appeal?

An appeal is your request for a review of an Adverse Action. An Action is when we:

- Deny or limit a service you want;
- Reduce, suspend or terminate payment for a service you are getting;
- Fail to authorize a service in the required time; or
- Fail to respond to a grievance or appeal in the required time.

How Do I File an Appeal With UnitedHealthcare Community Plan?

You or someone acting for you can file an appeal by calling or writing to UnitedHealthcare Community Plan. Call **1-877-542-9238 (TTY: 711)** or write to:

Grievance and Appeals
P.O. Box 31364
Salt Lake City, UT 84131-0364

You must file your appeal within 30 days from the date you get a Notice of Action. If you need help writing or filing an appeal, call Member Services at **1-877-542-9238 (TTY: 711)**

If someone else, such as your provider or family member is going to file for you, we need your written permission.

If you file an appeal, we will send you a letter within 5 business days telling you that we got your appeal.

We will review your appeal and send you a decision within 30 business days of getting the appeal. The letter will tell the reason for our decision. We will tell you what to do if you don't like the decision. This letter will be a Notice of Action.**HCBS Appeals**

KanCare Consumer and Specialized Issues Workgroup

Attachment 3 (Page 7 of 10) Appeals Process

If your appeal about HCBS services related to a reduction in services is denied, you will not have to repay UnitedHealthcare Community Plan for the service(s) continued during the appeal, unless fraud is present.

What Can I Do if I Need Immediate Care?

If you or your doctor wants a fast decision because your health is at risk, call Member Services at **1-877-542-9238 (TTY: 711)** for an expedited review. UnitedHealthcare Community Plan will call you with our decision within 3 business days of getting your request for an expedited review. This time may be extended up to 14 days if you ask for this or if we show a need for more information and the delay is in your interest. Extensions are approved by the State of Kansas. You will receive written notice of the reason for the extension if it is approved.

You will get a letter with our decision and the reason for our decision. We will tell you what to do if you don't like the decision.

How Do I File a State Fair Hearing Request?

If you disagree with an Action by UnitedHealthcare Community Plan, you or someone acting for you can file for a State Fair Hearing. You file with the Kansas Office of Administrative Hearings (OAH):

- You may file for a State Fair Hearing at the same time that you appeal to UnitedHealthcare Community Plan.
- Or you may file for a State Fair Hearing instead of appealing to UnitedHealthcare Community Plan.
- **Expedited** appeals are the exception, in this case, you must first go through the UnitedHealthcare Community Plan appeals process before requesting an expedited State Fair Hearing.

You must file for a State Fair Hearing within 30 days from the date you get a Notice of Action from UnitedHealthcare Community Plan. To request a State Fair Hearing, write to:

Office of Administrative Hearings 1020 S. Kansas Avenue Topeka, KS 66612
The State Fair Hearing request form can be found online at www.oah.ks.gov/request.htm.

KanCare Consumer and Specialized Issues Workgroup

Attachment 3 (Page 8 of 10) Appeals Process

State Fair Hearing Process

- Consumers dissatisfied with the MCO decision may make a written request for a State Fair Hearing to the Office of Administrative Hearing (OAH). This can be done at the same time the consumer is appealing a decision with the MCO, or after the MCO appeal process is complete. The request must be in writing within 30 days of the notice of the decision, with three additional days added to allow for delivery via mail (33 days).
- Members may request a State Fair Hearing (SFH) with the Office of Administrative Hearings (OAH) at the same time that they appeal an action taken by their MCO, or wait until after the MCO makes a final decision and then request a SFH if dissatisfied with the MCO's final decision.
- All hearing dates, resolutions, and notifications follow the timelines prescribed by the Office of Administrative Hearings. If neither the consumer nor the State request that the KDHE State Appeals Committee (SAC) review the decision, the decision becomes final thirty (30) days from the date of the order.

To file a State Fair Hearing, consumers should write a letter within 30 plus 3 calendar days if mailed of the adverse action. The letter should be sent to

Office of Administrative Hearings
1020 S. Kansas Ave.
Topeka, Kansas 66612

- Frequently Asked Questions (<http://www.oah.ks.gov/faqs-other.htm>)

How it works:

- Check the date at the top of the page on the letter you received from the Managed Care Organization (Amerigroup, Sunflower, or United). You have 30 day (plus three if it was mailed) to turn in an appeal. You can call or write a letter just stating that you want to appeal the decision. ***DO NOT WAIT. Turn it in right away. You can always dismiss the action if you decide not to go forward with the appeal. They do not make exceptions for missed deadlines.*** Be sure to include your name, address, telephone number, and a copy of the notice of action you are appealing.
- The hearing is your chance to tell your side to an impartial Presiding Officer. Hearings are sometimes in Topeka, but usually done by telephone.
- You can request to review information relied upon by the agency in making the decision or taking the final action prior to the hearing.
- You may have an attorney represent you at the hearing. The attorney will be at your expense. If you hire an attorney, he or she must be licensed in the State of Kansas and enter their appearance on your behalf prior to the hearing. If you choose Kansas Legal Services or Disability Rights Center of Kansas, they do not charge a fee. (see contact information on page 10).
- It would be best to lay out a summary of why you need the services the organization is not providing in detail.
- It would also be very helpful to include documentation from the medical provider (doctor, neurologist, physical therapist, occupational therapist, etc.) who best knows you or the person you are helping and can explain briefly that they need the services ***and why***. It would probably

KanCare Consumer and Specialized Issues Workgroup

Attachment 3 (Page 9 of 10) Appeals Process

be helpful if the medical provider knows the specific things that are being denied listed in the letter and why. (If it is the plan of care hours being reduced, ask for the detail and note what services specifically so the provider can help explain why those services are needed based on your issues.) ***Deadlines for this information will come by letter from the Office of Administrative Hearing. Be sure to read every letter from them thoroughly.***

- The State Fair Hearing is conducted by a Presiding Officer that is an administrative law judge, who is an impartial individual. He or she will enter an initial order based upon what is presented by the agency and by you at the hearing.
- The ***most frequent mistake*** made by individuals during the process of preparing is failing to read the notices and documents issued as part of the hearing process. Read everything you receive ***very carefully***.

Continuation of Services: If an MCO's action reduces, suspends or terminates previously authorized HCBS Program services, those services will continue for 33 days from the mailing date of the Notice of Action to allow you time to file an MCO appeal or ask for a State Fair Hearing. If you ask for an MCO appeal or a State Fair Hearing, your current HCBS Program services will continue for the duration of your MCO appeal or the date of the decision in your State Fair Hearing.

If your MCO appeal is denied or the action taken by your MCO is approved by the Office of Administrative Hearings, you will ***not*** have to repay your MCO for service(s) provided during your MCO appeal and/or State Fair Hearing, unless fraud has occurred.

KanCare Consumer and Specialized Issues Workgroup

Attachment 3 (Page 10 of 10) Appeals Process

Legal Services

The Disability Rights Center of Kansas

The Disability Rights Center of Kansas (DRC) is a public interest legal advocacy agency empowered by federal law to advocate for the civil and legal rights of Kansans with disabilities. DRC is the Official Protection and Advocacy System for Kansas and is a part of the national network of federally mandated and funded protection and advocacy systems. As such, DRC advocates for the rights of Kansans with disabilities under state or federal laws (ADA, the Rehabilitation Act, Federal Medicaid Act, Kansas Act Against Discrimination, etc.) Website: Disability Rights Center. Contact next page:

Contact Information

635 SW Harrison, Suite 100
Topeka, KS 66603-3726
Voice: (785) 273-9661
Toll Free Voice: (877) 776-1541

Kansas Legal Services

Kansas Legal Services is a statewide non-profit organization dedicated to helping low-income Kansans meet their basic needs through the provision of essential legal, mediation and employment training services. Kansas Legal Services can assist individuals with cases involving housing, employment, juvenile issues (delinquent, termination of parental rights), income maintenance, Indian laws, family issues, health, individual rights and consumer issues.

Legal Assistance Toll Free Central Intake Line

Phone: (800) 723-6953
Main Office: (785) 233-2068 (voice)



KanCare Executive Summary



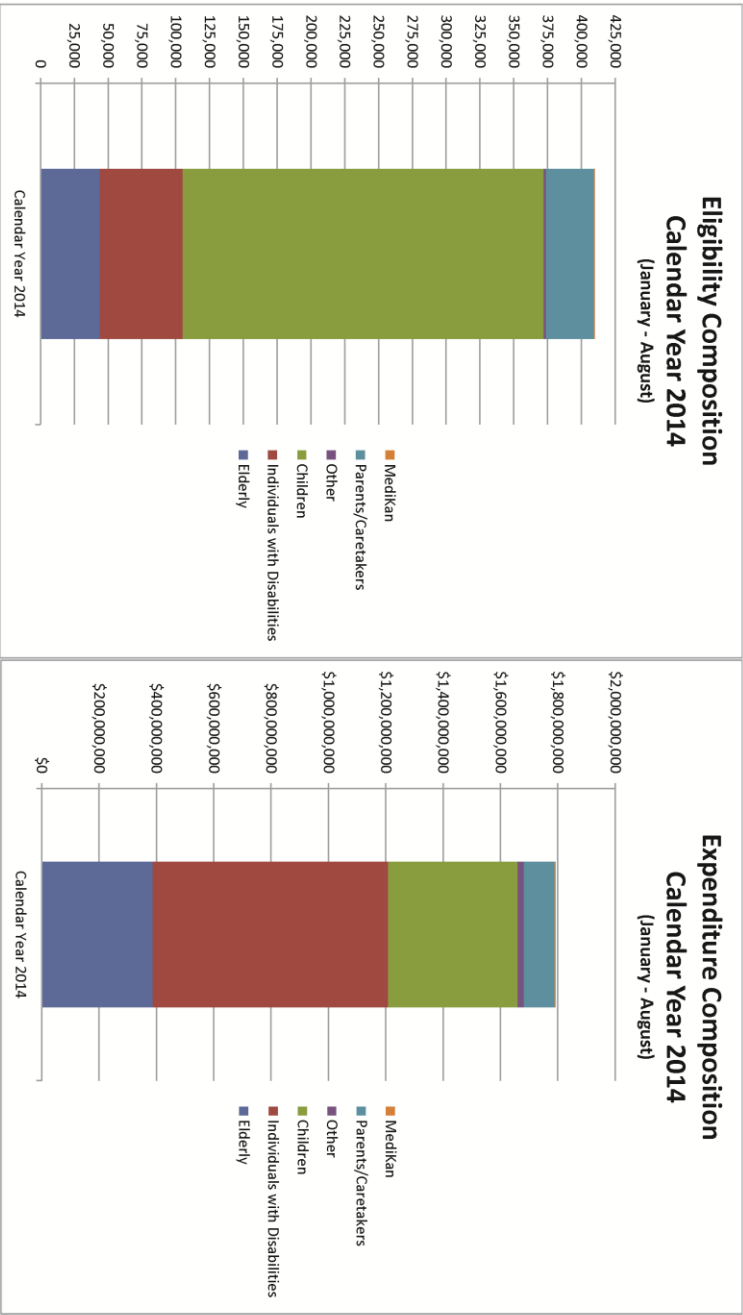
KDHE-DHCF

Report date: 9.18.14

KanCare Consumer and Specialized Issues Workgroup

Attachment 4 (Page 2 of 9) KanCare Executive Summary

Medicaid/CHIP Member Eligibility and Expenditure Information

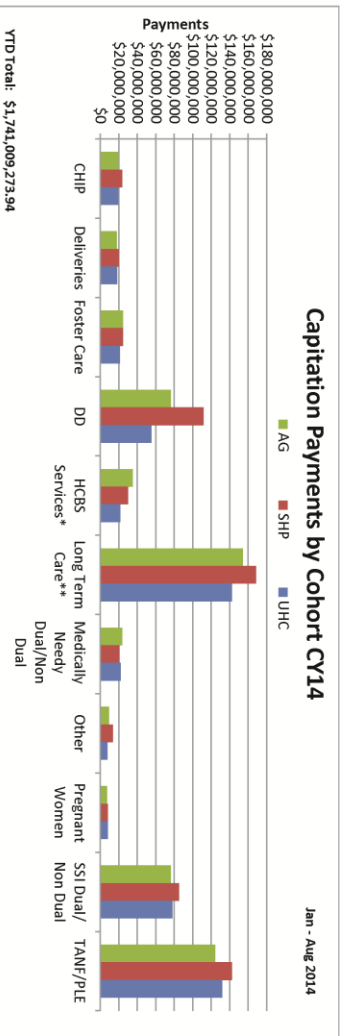


"Expenditure Composition" data is based on populations only. Non-claim expenditures are excluded as they are not population specific.

KanCare Consumer and Specialized Issues Workgroup

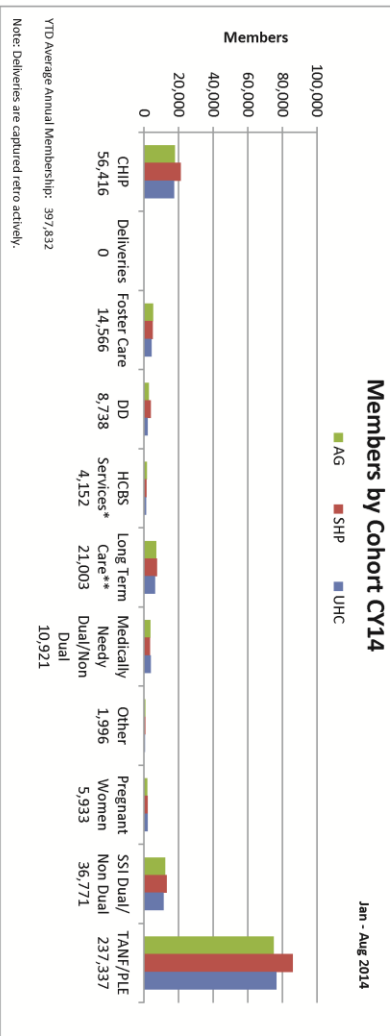
Attachment 4 (Page 3 of 9) KanCare Executive Summary

KanCare Executive Financial Summary CY14



*Long Term Care includes Nursing Facilities, Money Follows the Person Frail Elderly and Physically Disabled, and the Physically Disabled and Frail Elderly Waivers

**HCBS Services includes Autism, Severe Emotional Disturbance, Technology Assisted, and Traumatic Brain Injury



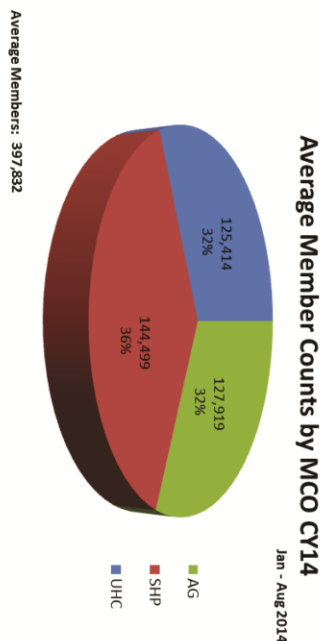
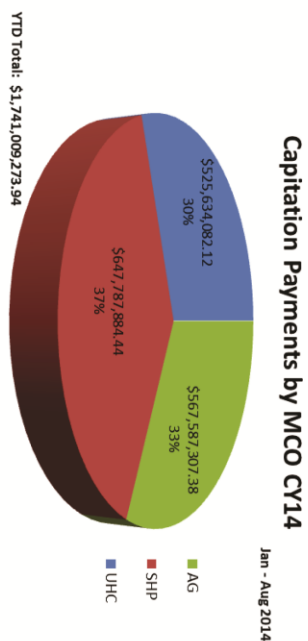
Note: Deliveries are captured retro actively.

*Long Term Care includes Nursing Facilities, Money Follows the Person Frail Elderly and Physically Disabled, and the Physically Disabled and Frail Elderly Waivers

**HCBS Services includes Autism, Severe Emotional Disturbance, Technology Assisted, and Traumatic Brain Injury

KanCare Consumer and Specialized Issues Workgroup

Attachment 4 (Page 4 of 9) KanCare Executive Summary



Provider Network –

KanCare MCO	# of Unique Providers as of 9/30/13	# of Unique Providers as of 12/31/13	# of Unique Providers as of 3/31/14	# of Unique Providers as of 6/30/14
Amerigroup	14,375	14,904	15,900	19,436
Sunflower	14,478	15,404	15,650	16,314
United	15,893	18,010	19,024	19,911

KanCare MCO	IDD Unique Providers (with contract and credentialing complete as of 8/5/14)
Amerigroup	76%/ 92%
Sunflower	82%/ 94%
United	73%/ 83%

KanCare Customer Service Report – Member (Jan-July)

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Amerigroup	0:16	1.49%	80,444
Sunflower	0:18	2.36%	114,405
United	0:13	1.51%	98,255
HP – Fiscal Agent	0:04	.5%	56,635

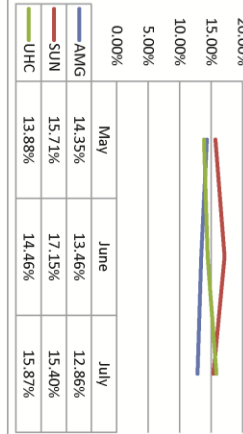
KanCare Customer Service Report – Provider (Jan-July)

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Amerigroup	0:18	1.06%	50,048
Sunflower	0:17	1.67%	69,695
United	0:09	.38%	43,139
HP – Fiscal Agent	0:12	.8%	31,577

KanCare Consumer and Specialized Issues Workgroup

Attachment 4 (Page 5 of 9) KanCare Executive Summary

2014 Denied Claims – Percentage by Month



2014 Denied Claims – Total Year to Date by MCO
Amerigroup – January Through July 2014

Service Type	Total claim count - YTD cumulative	# claims denied - YTD cumulative	% claims denied - YTD cumulative
Hospital	27,639	5,401	19.31%
Inpatient			
Hospital Outpatient	223,096	36,701	16.46%
Pharmacy	1,023,320	215,560	21.06%
Dental	76,810	7,818	10.18%
Vision	43,487	10,694	24.59%
NEMT	105,667	180	0.17%
Medical (Physical health not otherwise specified)	1,120,552	136,953	12.23%
Nursing Facilities	67,836	8,065	11.77%
HCBS	93,267	6,372	6.90%
BH	390,692	40,319	10.27%
Total	3,172,366	468,063	14.75%

Sunflower – January Through July 2014

Service Type	Total claim count - YTD cumulative	# claims denied - YTD cumulative	% claims denied - YTD cumulative
Hospital	16,760	3,265	19.48%
Inpatient			
Hospital Outpatient	173,308	22,349	12.90%
Pharmacy	1,679,551	380,088	22.63%
Dental	89,806	7,417	8.26%
Vision	54,136	6,817	12.59%
NEMT	78,546	365	0.46%
Medical (Physical health not otherwise specified)	942,263	104,685	11.11%
Nursing Facilities	66,828	5,781	8.65%
HCBS	226,926	6,706	2.96%
BH	413,417	17,839	4.32%
Total	3,741,541	555,312	14.84%

United – January Through July 2014

Service Type	Total claim count - YTD cumulative	# claims denied - YTD cumulative	% claims denied - YTD cumulative
Hospital	17,525	3,645	20.79%
Inpatient			
Hospital Outpatient	167,734	26,097	15.55%
Pharmacy	1,023,564	237,689	23.22%
Dental	78,524	8,895	11.33%
Vision	40,341	5,760	14.28%
NEMT	71,330	411	0.58%
Medical (Physical health not otherwise specified)	1,005,037	120,348	11.97%
Nursing Facilities	59,279	4,939	8.33%
HCBS	178,913	10,281	5.74%
BH	200,710	17,718	8.82%
Total	2,842,957	435,783	15.33%

KanCare Consumer and Specialized Issues Workgroup

Attachment 4 (Page 6 of 9) KanCare Executive Summary

Value Added Services and In Lieu Of Services (Summary of 2014 Value Added Services Used By KanCare Members - January-July 2014)										
Amertgroup	Members YTD	Total Units YTD	Total Value YTD	Sunflower	Members YTD	Total Units YTD	Total Value YTD	United	Members YTD	Total Units YTD
Adult Dental Care	1,047	2,071	\$244,339	CentAccount debit card	26,830	27,296	\$545,920	Total Additional Vision Services	5,430	6,289
Member Incentive Program	2,469	5,918	\$147,725	Dental visits for adults	5,095	15,021	\$382,775	Join for Me - Pediatric Obesity Classes	35	35
Mail Order OTC	5,033	5,105	\$84,052	Start smart (mothers/children)	2,477	2,477	\$69,727	Adult Dental Services	1,069	1,069
Healthy Families Program	43	54	\$43,750	Smoking cessation program	272	272	\$65,280	Annual Wellness Reminders	70,292	70,292
Pest Control	141	154	\$20,170	Lodging for specialty and inpatient care	72	590	\$42,950	Baby Blocks Program and Rewards	603	603
Smoking Cessation Program	237	167	\$18,024	Smoking cessation program	15,301	15,284	\$39,892	Peer Bridges Program	162	162
Hypocallergic Bedding	96	95	\$9,337	Safelink®/connections Plus cell phones	164	164	\$7,844	Membership to Youth Organizations	520	520
Weight Watcher Vouchers	103	141	\$5,200	In-home caregiver support/ additional respite	18	1,507	\$4,896	Weight Watchers - Free Classes	217	217
Entertainment Book Coupons	49	26	\$14	Community Programs for Healthy Children	277	77	\$4,155	Sesame Street - Food For Thought	398	398
Safelink Phone Service	3,162	2,775	\$0.00	Meals for specialty and inpatient care	17	93	\$2,325	Infant Care Book for Pregnant Women	741	741
				Hospital companion	3	625	\$2,031	Mental Health First Aid Program	101	101
								KAN Be Healthy Screening Age 3 to 19 - Debit Card Reward	438	438
								Asthma Bedding	75	75
								KAN Be Healthy Screening Age Birth to 30	254	358
								months - Debit Card Reward		
								Additional Podiatry Visits	33	36
								New Member Dental Exam - Debit Card Reward	207	207
								Join for Me - Reward for Completion of Program	29	29
								New Member Vision Exam - Debit Card Reward	145	145
								Coverage for Sports/School Physicals	15	15
								Weight Watchers Reward - Reward for Completing Classes	19	19
								Adult Biometric Screening - Debit Card Reward	61	61
								Ais for Asthma	822	822
								Annual Vision Exam for Person with Diabetes - Debit Card Reward	8	8
								Annual Monitoring for Persistent Medications - Debit Card Reward	9	9
								Annual AIC Exam - Debit Card Reward	8	8
								Follow-Up After Behavioral Health Hospitalization - Debit Card Reward	1	1
GRAND TOTAL	12,766	16,506	\$572,612		GRAND TOTAL	44,283	\$1,067,777	GRAND TOTAL	81,692	82,658

KanCare Consumer and Specialized Issues Workgroup

Attachment 4 (Page 7 of 9) KanCare Executive Summary

Summary of In Lieu Of Services Used By KanCare Members (January-July 2014)								
Amerigroup	Members	Value of Services Avoided	Sunflower	Members	Value of Services Avoided	United	Members	Value of Services Avoided
Additional Medicaid covered services, beyond existing limitations, including personal care services, sleep cycle support, home modifications, equipment and assisted services. ... in lieu of members needing to be admitted to an acute care hospital or nursing facility	20	\$ 262,165	Additional personal care services, beyond existing waiver limitations ... in lieu of members needing to be admitted to a nursing facility	1,072	\$1,072,000	Additional personal care services, personal care services, beyond existing waiver limitation, sleep cycle support, and telehealth ... in lieu of members needing to be admitted to a nursing facility	3,053	\$3,071,661
Non-Covered services including private nurse, telehealth, equipment and sleep cycle support in lieu of members needing to access ICU, acute hospital, or nursing facility services	23	\$325,992	Non-Covered services covering a wide range of equipment, orthotics, testing, physician services and outpatient surgery in lieu of members needing to access acute hospital, home health, or more intensive physical or behavioral health services	19	\$359,920	Non-Covered services Sleep studies, testing, and home health in lieu of members needing to access to acute hospital, or nursing facility services	45	\$ 11,775
Totals	43	\$588,157	Totals	734	\$1,074,920	Totals	3,098	\$3,083,436

KanCare Consumer and Specialized Issues Workgroup

Attachment 4 (Page 8 of 9) KanCare Executive Summary

Member Grievances & Appeals (April-June 2014)

Next quarterly report due October 31, 2014

Amerigroup- Member			
	Grievances	Appeals	State Fair Hearings
Number of grievances/appeals reviewed:	168	26	
Number of grievances/appeals resolved:	178	25	
Number of grievances/appeals considered invalid:	3	5	
Average Days to complete each grievance/appeal:	13	14	
Total number of State Fair Hearings requested:			115
Number of upheld decisions at State Fair Hearing Level:			0
Number of overturned decisions at State Fair Hearing Level:			0
Number of health plan appeals reversed in the member's favor:	0	7	1
Number of health plan appeals reversed in the provider's favor:	0	0	80
Number of State Fair Hearings withdrawn:			4
Number of dismissals:	0	0	4
Number of default dismissals:			0
Number of Other dispositions:			0
In health plan level appeals where the decision was reversed in the member's favor, what were the most common reasons?			
Medical Necessity Met			
In State Fair Hearing cases where the decision was overturned in the member's favor, what were the most common reasons?			
None			
List the top 5 reasons that were most commonly the subject of grievances/appeals:			
1 Availability			
2 Quality of Care			
3 Billing and Financial Issues			
4 Attitude/Service of Staff			
5 Timeliness / Other			

Sunflower- Member			
	Grievances	Appeals	State Fair Hearings
Number of grievances/appeals reviewed:	130	138	
Number of grievances/appeals resolved:	125	136	
Number of grievances/appeals considered invalid:	0	0	
Average Days to complete each grievance/appeal:	6	6	
Total number of State Fair Hearings requested:			61
Number of upheld decisions at State Fair Hearing Level:			4
Number of overturned decisions at State Fair Hearing Level:			1
Number of health plan appeals reversed in the member's favor:	N/A	53	0
Number of health plan appeals reversed in the provider's favor:	N/A	0	0
Number of State Fair Hearings withdrawn:			0
Number of dismissals:	N/A	N/A	21
Number of default dismissals:			3
Number of Other dispositions:			35
In health plan level appeals where the decision was reversed in the member's favor, what were the most common reasons?			
Medical necessity met			
In State Fair Hearing cases where the decision was overturned in the member's favor, what were the most common reasons?			
There was only 1 SFT overturned and it was due to court felt support was needed.			
List the top 5 reasons that were most commonly the subject of grievances/appeals:			
1 Availability / Criteria Not Met-IP			
2 Timeliness/ Criteria Not Met- Medical Procedure			
3 Attitude/Service Staff / Prior or Post Authorization			
4 Other/ Pharmacy			
5 Billing and Financial Issues/ Criteria Not Met-DME			

United-Member			
	Grievances	Appeals	State Fair Hearings
Number of grievances/appeals reviewed:	206	53	
Number of grievances/appeals resolved:	206	53	
Number of grievances/appeals considered invalid:	0	0	
Average Days to complete each grievance/appeal:	6	15	
Total number of State Fair Hearings requested:			48
Number of upheld decisions at State Fair Hearing Level:			2
Number of overturned decisions at State Fair Hearing Level:			0
Number of health plan appeals reversed in the member's favor:	0	10	6
Number of health plan appeals reversed in the provider's favor:	0	0	9
Number of State Fair Hearings withdrawn:			14
Number of dismissals:	0	0	22
Number of default dismissals:			0
Number of Other dispositions:			0
In health plan level appeals where the decision was reversed in the member's favor, what were the most common reasons?			
Medical necessity met			
In State Fair Hearing cases where the decision was overturned in the member's favor, what were the most common reasons?			
Additional medical documentation was submitted for most cases that were reversed in member's favor. Member's Personal Care Attendant hours were reinstated in two cases.			
List the top 5 reasons that were most commonly the subject of grievances/appeals:			
1 Billing and Financial Issues			
2 Timeliness			
3 HCBS			
4 Attitude/Service of Staff			
5 Pharmacy			

KanCare Consumer and Specialized Issues Workgroup

Attachment 4 (Page 9 of 9) KanCare Executive Summary

Pay for Performance Measures – Year One (Summary of 2013 Performance per MCO to date)											
Subject	PAP Metric	AMG- Final PAP Calculation Complete at Year End			SUN-Final PAP Calculation Complete at Year End			UHC-Final PAP Calculation Complete at Year End			
Monthly		Total # Met	Total Standards	Payout (of .5% of capitation)	Total # Met	Total Standards	Payout (of .5% of capitation)	Total # Met	Total Standards	Payout (of .5% of capitation)	
Claims Processing	- 100% of clean claims are processed within 20 days - 99% of all non-clean claims are processed within 45 days - 100% of all claims are processed within 60 days	0	out of 12	0.000	0	out of 12	0.000	0	out of 12	0.000	
Encounters	Contractor meets all of the performance standards within 60 days from implementation date.	6	out of 12	0.250	6	out of 12	0.250	6	out of 12	0.250	
Credentialing	- 90% providers completed in 20 days - 100% providers completed in 30 days	11	out of 12	0.458	1	out of 12	0.042	11	out of 12	0.458	
Customer Service	- 98% of all inquiries are resolved within 2 business days from receipt date - 100% of all inquiries are resolved within 8 business days from receipt date	12	out of 12	0.500	12	out of 12	0.500	12	out of 12	0.500	
Quarterly											
Grievances	- 98% of grievances are resolved within 20 days - 100% of grievances are resolved within 40 days	3	out of 4	0.375	4	out of 4	0.500	4	out of 4	0.500	
Appeals	Contractor sends an acknowledgement letter within 3 business days of receipt of the appeal request	3	out of 4	0.375	3	out of 4	0.375	3	out of 4	0.375	
		Total 1,958			Total 1,667			Total 2,083			out of 3%

KanCare Consumer and Specialized Issues Workgroup

Attachment 5 Value Added Services dropped

Value Added Services dropped in 2015

Amerigroup - none

Sunflower - none

United - New Member Dental Program Wellness Reward

New member Vision Program Wellness Rewards

Sports/School Physicals

Value Added Services dropped in 2014

Amerigroup - Healthy Relationship Program

Career Development DVDs and Activities

Goodwill Gift Cards

Teeth Whitening

Sunflower - Brownie Badge Programs

Pet Therapy

Peer and Family Support Services

United - cell phone program

KanCare Consumer and Specialized Issues Workgroup

Attachment 6 Waiver Population Rate Cell for 2013 with update links provided

Russell Nittler

From: Liz L. Long
Sent: Tuesday, September 30, 2014 3:44 PM
To: Russell Nittler
Subject: Waiver population rate cells for 2013

Some links for further detail from your CSI group questions:

http://www.kancare.ks.gov/readiness_activities.htm general network, access

http://www.kancare.ks.gov/download/HCBS_Report_Update.pdf (HCBS specific). We have given direction for modifications of future reports to specify which counties are not served, to assess the impact on the population.

2013

Amerigroup		Sunflower		United		Total
DD	2686	DD	3893	DD	2135	8714
DD MFP	10	DD MFP	8	DD MFP	6	24
PD	2138	PD	1991	PD	1556	5685
PD MFP	45	PD MFP	41	PD MFP	30	116
TBI	242	TBI	229	TBI	147	618
TBI MFP	8	TBI MFP	7	TBI MFP	0	15
FE	1566	FE	1856	FE	1772	5194
FE MFP	12	FE MFP	14	FE MFP	6	32
SED	1073	SED	1011	SED	1067	3151
TA	202	TA	160	TA	66	428
Autism	21	Autism	13	Autism	7	41
Waiver Total	8003	Waiver Total	9223	Waiver Total	6792	24018
NF	3344	NF	3482	NF	3306	10132
Total	11347	Total	12705	Total	10098	34150

Let me know if I missed anything or you have other questions. Thanks, Liz

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